



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: SULLIVAN

Year Begin: 01/01/0012 (mm/dd/yyyy format)

Year End: 12/31/0012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1327

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12934517	Contractual Allowance	\$30472163
Outpatient Patient Service Revenue	\$45073488	Other Deductions	\$0
Total Gross Patient Service Revenue	\$58008005	Total Deductions	\$30472163

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$27535842
Other Operating Revenue	\$122443
Total Operating Revenue	\$27658285

4. Operating Expenses

Salaries and Wages	\$9806374	Employee Benefits	\$2682487
Depreciation and Amortization	\$1665486	Interest Expense	\$3182
Bad Debt	\$4655769	Other Expenses	\$7693364
Total Operating Expenses	\$26506662		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1151623	Total Assets	\$34104342
Net Non-operating Gains over Loss	\$-2967	Total Liabilities	\$2718542
Total Net Gains	\$1148656		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$24659742	\$15555146	\$9104596
Medicaid	\$3338874	\$2816509	\$522365
Other Government	\$0	\$0	\$0
Other State	\$5853830	\$5434563	\$419267
Other Payers	\$24155559	\$6665945	\$17489614
Total	\$58008005	\$30472163	\$27535842

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1000	\$1000	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$2500	\$60000	\$-57500

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6500

Statement Six: Charity Statement

Hospital Charity Charges	\$138607
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$76235	
HCI Payments	\$0		
Subtotal	\$0	\$76235	\$-76235
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$75000	\$-75000
Community Assessment	\$0	\$5000	\$-5000
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0